



**Linda McCulloch, Superintendent**  
**Office of Public Instruction**  
**PO Box 202501**  
**Helena, MT 59620-2501**

**MONTANA HIGHWAY PATROL**  
**School Bus Inspection**  
**School Year 2006**

State ☐  
District ☐  
County ☐  
Patrol ☐  
Contractor ☐

This complete form is required in accordance with Section 20-10-101, MCA. All vehicles not approved on first inspection must be reinspected by the Highway Patrol as soon as all defects are corrected.

**Instructions to OPI from School District:**

- ☐ This bus has been sold, retired, or is no longer in service. Please delete it from OPI's records.  
☐ Please make corrections noted below. Don't black out the error, OPI may need to read it to make the correction.

OPI County # and County Name <b>31 Mineral</b>		District Name <b>Alberton K-12 Schools</b>	
Vehicle I.D. # (VIN) - Entire Number <b>1BAAGCSH6KF031557</b>	Model Year <b>1988</b>	License # <b>78</b>	Rated Capacity ***** <b>71</b>
Chassis Make <b>Bluebird</b>	Body Make <b>Bluebird</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

**INSPECTION**

**TO BE FILLED OUT BY THE HIGHWAY PATROL**

This inspection is for: ☒ 1st semester ☐ 2nd semester

Approved

Approved

Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr	Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr
C17	Identification - front					C34	Belt cutter **** attached				
C18	Head lamps					C18	Interior lamps				
C10	Color					C18	Ceiling - interior				
C18	Turn signal lamps - front					C21	Seating				
C18	Turn signal lamps - side (post 1987)					C14	Floor				
C18	Red amber signals - front					C9	Aisle				
C18	Marker lamps - front					C22	Tools - storage				
C18	Windshield					C24	Windows				
C24	Windshield wipers					C13	Warning device				
C20	Exterior mirrors					C13	Buzzer emergency door				
C3	Battery					C12	Emergency door				
C4	Generator or alternator					C18	Red amber signals - rear				
C11	Service door					C18	Turn signal lamps - rear				
C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
C11	Defroster						<b>Required by forest regulation:</b>				
C6	Heaters						Shovel (securely fastened)				
C20	Wheelchair forward facing (post 1993)						Axe (securely fastened)				

\*Page number reference, Standards for School Buses in Montana (2002 Edition). \*\*\*\*Bus drivers are required to wear lap/shoulder belts - cutter attached nearby driver.

\*\*Does not apply. \*\*\*New buses ordered after 08/15/02. \*\*\*\*\*Based on original capacity listed on the manufacturers certification tag found inside the bus.

**On first inspection, this bus is:**

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official \_\_\_\_\_

**On reinspection, this bus is:**

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_



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OPI County # and County Name <b>31 Mineral</b>		District Name <b>Alberton K-12 Schools</b>	
Vehicle I.D. # (VIN) - Entire Number <b>1BAANCSH3VF073016</b>	Model Year <b>1997</b>	License # <b>81</b>	Rated Capacity ***** <b>84</b>
Chassis Make <b>Bluebird</b>	Body Make <b>Bluebird</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

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C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
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C11	Defroster						<b>Required by forest regulation:</b>				
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☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

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☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date



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Vehicle I.D. # (VIN) - Entire Number <b>1GBL7T1J8WJ104423</b>	Model Year <b>1998</b>	License # <b>80</b>	Rated Capacity ***** <b>54</b>
Chassis Make <b>Chevrolet</b>	Body Make <b>Bluebird</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

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C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
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☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

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☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

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Vehicle I.D. # (VIN) - Entire Number <b>4UZAAXAK64CL99278</b>	Model Year <b>2004</b>	License # <b>186</b>	Rated Capacity ***** <b>56</b>
Chassis Make <b>Freightliner</b>	Body Make <b>Thomas</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

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Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

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Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

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Vehicle I.D. # (VIN) - Entire Number <b>1GBL7T1J9VJ115316</b>	Model Year <b>1997</b>	License # <b>68</b>	Rated Capacity ***** <b>66</b>
Chassis Make <b>Chevrolet</b>	Body Make <b>Bluebird</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

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Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

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Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

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Vehicle I.D. # (VIN) - Entire Number <b>1HVBABMSWH568834</b>	Model Year <b>1998</b>	License # <b>103</b>	Rated Capacity ***** <b>65</b>
Chassis Make <b>International</b>	Body Make <b>Amtran</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
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Badge No. \_\_\_\_\_ Date \_\_\_\_\_

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Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

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☐ Please make corrections noted below. Don't black out the error, OPI may need to read it to make the correction.

OPI County # and County Name <b>31 Mineral</b>		District Name <b>Superior K-12 Schools</b>	
Vehicle I.D. # (VIN) - Entire Number <b>1HVBABP7YH281191</b>	Model Year <b>2000</b>	License # <b>111</b>	Rated Capacity ***** <b>66</b>
Chassis Make <b>International</b>	Body Make <b>Amtran</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

**INSPECTION**

**TO BE FILLED OUT BY THE HIGHWAY PATROL**

This inspection is for: ☒ 1st semester ☐ 2nd semester  
Approved

Approved

Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr	Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr
C17	Identification - front					C34	Belt cutter **** attached				
C18	Head lamps					C18	Interior lamps				
C10	Color					C18	Ceiling - interior				
C18	Turn signal lamps - front					C21	Seating				
C18	Turn signal lamps - side (post 1987)					C14	Floor				
C18	Red amber signals - front					C9	Aisle				
C18	Marker lamps - front					C22	Tools - storage				
C18	Windshield					C24	Windows				
C24	Windshield wipers					C13	Warning device				
C20	Exterior mirrors					C13	Buzzer emergency door				
C3	Battery					C12	Emergency door				
C4	Generator or alternator					C18	Red amber signals - rear				
C11	Service door					C18	Turn signal lamps - rear				
C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
C11	Defroster						<b>Required by forest regulation:</b>				
C6	Heaters						Shovel (securely fastened)				
C20	Wheelchair forward facing (post 1993)						Axe (securely fastened)				

\*Page number reference, Standards for School Buses in Montana (2002 Edition). \*\*\*\*Bus drivers are required to wear lap/shoulder belts - cutter attached nearby driver.

\*\*Does not apply. \*\*\*New buses ordered after 08/15/02. \*\*\*\*\*Based on original capacity listed on the manufacturers certification tag found inside the bus.

On first inspection, this bus is:

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

On reinspection, this bus is:

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date



**Linda McCulloch, Superintendent**  
**Office of Public Instruction**  
**PO Box 202501**  
**Helena, MT 59620-2501**

**MONTANA HIGHWAY PATROL**  
**School Bus Inspection**  
**School Year 2006**

State ☐  
District ☐  
County ☐  
Patrol ☐  
Contractor ☐

This complete form is required in accordance with Section 20-10-101, MCA. All vehicles not approved on first inspection must be reinspected by the Highway Patrol as soon as all defects are corrected.

**Instructions to OPI from School District:**

- ☐ This bus has been sold, retired, or is no longer in service. Please delete it from OPI's records.  
☐ Please make corrections noted below. Don't black out the error, OPI may need to read it to make the correction.

OPI County # and County Name <b>31 Mineral</b>		District Name <b>Superior K-12 Schools</b>	
Vehicle I.D. # (VIN) - Entire Number <b>1HVBKADR61A934798</b>	Model Year <b>2001</b>	License # <b>170</b>	Rated Capacity ***** <b>44</b>
Chassis Make <b>International</b>	Body Make <b>Amtran</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

**INSPECTION**

**TO BE FILLED OUT BY THE HIGHWAY PATROL**

This inspection is for: ☒ 1st semester ☐ 2nd semester

Approved

Approved

Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr	Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr
C17	Identification - front					C34	Belt cutter **** attached				
C18	Head lamps					C18	Interior lamps				
C10	Color					C18	Ceiling - interior				
C18	Turn signal lamps - front					C21	Seating				
C18	Turn signal lamps - side (post 1987)					C14	Floor				
C18	Red amber signals - front					C9	Aisle				
C18	Marker lamps - front					C22	Tools - storage				
C18	Windshield					C24	Windows				
C24	Windshield wipers					C13	Warning device				
C20	Exterior mirrors					C13	Buzzer emergency door				
C3	Battery					C12	Emergency door				
C4	Generator or alternator					C18	Red amber signals - rear				
C11	Service door					C18	Turn signal lamps - rear				
C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
C11	Defroster						<b>Required by forest regulation:</b>				
C6	Heaters						Shovel (securely fastened)				
C20	Wheelchair forward facing (post 1993)						Axe (securely fastened)				

\*Page number reference, Standards for School Buses in Montana (2002 Edition). \*\*\*\*Bus drivers are required to wear lap/shoulder belts - cutter attached nearby driver.

\*\*Does not apply. \*\*\*New buses ordered after 08/15/02. \*\*\*\*\*Based on original capacity listed on the manufacturers certification tag found inside the bus.

**On first inspection, this bus is:**

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

**On reinspection, this bus is:**

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**MONTANA HIGHWAY PATROL**  
**School Bus Inspection**  
**School Year 2006**

State ☐  
District ☐  
County ☐  
Patrol ☐  
Contractor ☐

This complete form is required in accordance with Section 20-10-101, MCA. All vehicles not approved on first inspection must be reinspected by the Highway Patrol as soon as all defects are corrected.

Instructions to OPI from School District:

- ☐ This bus has been sold, retired, or is no longer in service. Please delete it from OPI's records.  
☐ Please make corrections noted below. Don't black out the error, OPI may need to read it to make the correction.

OPI County # and County Name <b>31 Mineral</b>		District Name <b>Superior K-12 Schools</b>	
Vehicle I.D. # (VIN) - Entire Number <b>1HVBRAAP32B919346</b>	Model Year <b>2002</b>	License # <b>175</b>	Rated Capacity ***** <b>66</b>
Chassis Make <b>International</b>	Body Make <b>Amtran</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

**INSPECTION**

**TO BE FILLED OUT BY THE HIGHWAY PATROL**

This inspection is for: ☒ 1st semester ☐ 2nd semester

Approved

Approved

Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr	Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr
C17	Identification - front					C34	Belt cutter **** attached				
C18	Head lamps					C18	Interior lamps				
C10	Color					C18	Ceiling - interior				
C18	Turn signal lamps - front					C21	Seating				
C18	Turn signal lamps - side (post 1987)					C14	Floor				
C18	Red amber signals - front					C9	Aisle				
C18	Marker lamps - front					C22	Tools - storage				
C18	Windshield					C24	Windows				
C24	Windshield wipers					C13	Warning device				
C20	Exterior mirrors					C13	Buzzer emergency door				
C3	Battery					C12	Emergency door				
C4	Generator or alternator					C18	Red amber signals - rear				
C11	Service door					C18	Turn signal lamps - rear				
C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
C11	Defroster						<b>Required by forest regulation:</b>				
C6	Heaters						Shovel (securely fastened)				
C20	Wheelchair forward facing (post 1993)						Axe (securely fastened)				

\*Page number reference, Standards for School Buses in Montana (2002 Edition). \*\*\*\*Bus drivers are required to wear lap/shoulder belts - cutter attached nearby driver.

\*\*Does not apply. \*\*\*New buses ordered after 08/15/02. \*\*\*\*\*Based on original capacity listed on the manufacturers certification tag found inside the bus.

On first inspection, this bus is:

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

On reinspection, this bus is:

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**MONTANA HIGHWAY PATROL**  
**School Bus Inspection**  
**School Year 2006**

State ☐  
District ☐  
County ☐  
Patrol ☐  
Contractor ☐

This complete form is required in accordance with Section 20-10-101, MCA. All vehicles not approved on first inspection must be reinspected by the Highway Patrol as soon as all defects are corrected.

Instructions to OPI from School District:

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☐ Please make corrections noted below. Don't black out the error, OPI may need to read it to make the correction.

OPI County # and County Name <b>31 Mineral</b>		District Name <b>Superior K-12 Schools</b>	
Vehicle I.D. # (VIN) - Entire Number <b>1HVBRAAP8A938219</b>	Model Year <b>2001</b>	License # <b>173</b>	Rated Capacity ***** <b>66</b>
Chassis Make <b>International</b>	Body Make <b>Other</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

**INSPECTION**

**TO BE FILLED OUT BY THE HIGHWAY PATROL**

This inspection is for: ☒ 1st semester ☐ 2nd semester

Approved

Approved

Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr	Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr
C17	Identification - front					C34	Belt cutter **** attached				
C18	Head lamps					C18	Interior lamps				
C10	Color					C18	Ceiling - interior				
C18	Turn signal lamps - front					C21	Seating				
C18	Turn signal lamps - side (post 1987)					C14	Floor				
C18	Red amber signals - front					C9	Aisle				
C18	Marker lamps - front					C22	Tools - storage				
C18	Windshield					C24	Windows				
C24	Windshield wipers					C13	Warning device				
C20	Exterior mirrors					C13	Buzzer emergency door				
C3	Battery					C12	Emergency door				
C4	Generator or alternator					C18	Red amber signals - rear				
C11	Service door					C18	Turn signal lamps - rear				
C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
C11	Defroster						<b>Required by forest regulation:</b>				
C6	Heaters						Shovel (securely fastened)				
C20	Wheelchair forward facing (post 1993)						Axe (securely fastened)				

\*Page number reference, Standards for School Buses in Montana (2002 Edition). \*\*\*\*Bus drivers are required to wear lap/shoulder belts - cutter attached nearby driver.

\*\*Does not apply. \*\*\*New buses ordered after 08/15/02. \*\*\*\*\*Based on original capacity listed on the manufacturers certification tag found inside the bus.

On first inspection, this bus is:

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

On reinspection, this bus is:

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date



**Linda McCulloch, Superintendent**  
**Office of Public Instruction**  
**PO Box 202501**  
**Helena, MT 59620-2501**

**MONTANA HIGHWAY PATROL**  
**School Bus Inspection**  
**School Year 2006**

State ☐  
District ☐  
County ☐  
Patrol ☐  
Contractor ☐

This complete form is required in accordance with Section 20-10-101, MCA. All vehicles not approved on first inspection must be reinspected by the Highway Patrol as soon as all defects are corrected.

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☐ Please make corrections noted below. Don't black out the error, OPI may need to read it to make the correction.

OPI County # and County Name <b>31 Mineral</b>		District Name <b>Superior K-12 Schools</b>	
Vehicle I.D. # (VIN) - Entire Number <b>4DRBRAAPX3B951763</b>	Model Year <b>2003</b>	License # <b>183</b>	Rated Capacity ***** <b>66</b>
Chassis Make <b>International</b>	Body Make <b>International</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

**INSPECTION**

**TO BE FILLED OUT BY THE HIGHWAY PATROL**

This inspection is for: ☒ 1st semester ☐ 2nd semester  
Approved

Approved

Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr	Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr
C17	Identification - front					C34	Belt cutter **** attached				
C18	Head lamps					C18	Interior lamps				
C10	Color					C18	Ceiling - interior				
C18	Turn signal lamps - front					C21	Seating				
C18	Turn signal lamps - side (post 1987)					C14	Floor				
C18	Red amber signals - front					C9	Aisle				
C18	Marker lamps - front					C22	Tools - storage				
C18	Windshield					C24	Windows				
C24	Windshield wipers					C13	Warning device				
C20	Exterior mirrors					C13	Buzzer emergency door				
C3	Battery					C12	Emergency door				
C4	Generator or alternator					C18	Red amber signals - rear				
C11	Service door					C18	Turn signal lamps - rear				
C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
C11	Defroster						<b>Required by forest regulation:</b>				
C6	Heaters						Shovel (securely fastened)				
C20	Wheelchair forward facing (post 1993)						Axe (securely fastened)				

\*Page number reference, Standards for School Buses in Montana (2002 Edition). \*\*\*\*Bus drivers are required to wear lap/shoulder belts - cutter attached nearby driver.

\*\*Does not apply. \*\*\*New buses ordered after 08/15/02. \*\*\*\*\*Based on original capacity listed on the manufacturers certification tag found inside the bus.

**On first inspection, this bus is:**

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official \_\_\_\_\_

**On reinspection, this bus is:**

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**MONTANA HIGHWAY PATROL**  
**School Bus Inspection**  
**School Year 2006**

State ☐  
District ☐  
County ☐  
Patrol ☐  
Contractor ☐

This complete form is required in accordance with Section 20-10-101, MCA. All vehicles not approved on first inspection must be reinspected by the Highway Patrol as soon as all defects are corrected.

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☐ Please make corrections noted below. Don't black out the error, OPI may need to read it to make the correction.

OPI County # and County Name <b>31 Mineral</b>		District Name <b>Superior K-12 Schools</b>	
Vehicle I.D. # (VIN) - Entire Number <b>4DRBUAAPX5B975126</b>	Model Year <b>2004</b>	License # <b>95</b>	Rated Capacity ***** <b>57</b>
Chassis Make <b>International</b>	Body Make <b>Other</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

**INSPECTION**

**TO BE FILLED OUT BY THE HIGHWAY PATROL**

This inspection is for: ☒ 1st semester ☐ 2nd semester

Approved

Approved

Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr	Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr
C17	Identification - front					C34	Belt cutter **** attached				
C18	Head lamps					C18	Interior lamps				
C10	Color					C18	Ceiling - interior				
C18	Turn signal lamps - front					C21	Seating				
C18	Turn signal lamps - side (post 1987)					C14	Floor				
C18	Red amber signals - front					C9	Aisle				
C18	Marker lamps - front					C22	Tools - storage				
C18	Windshield					C24	Windows				
C24	Windshield wipers					C13	Warning device				
C20	Exterior mirrors					C13	Buzzer emergency door				
C3	Battery					C12	Emergency door				
C4	Generator or alternator					C18	Red amber signals - rear				
C11	Service door					C18	Turn signal lamps - rear				
C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
C11	Defroster						<b>Required by forest regulation:</b>				
C6	Heaters						Shovel (securely fastened)				
C20	Wheelchair forward facing (post 1993)						Axe (securely fastened)				

\*Page number reference, Standards for School Buses in Montana (2002 Edition). \*\*\*\*Bus drivers are required to wear lap/shoulder belts - cutter attached nearby driver.

\*\*Does not apply. \*\*\*New buses ordered after 08/15/02. \*\*\*\*\*Based on original capacity listed on the manufacturers certification tag found inside the bus.

**On first inspection, this bus is:**

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

**On reinspection, this bus is:**

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**MONTANA HIGHWAY PATROL**  
**School Bus Inspection**  
**School Year 2006**

State ☐  
District ☐  
County ☐  
Patrol ☐  
Contractor ☐

This complete form is required in accordance with Section 20-10-101, MCA. All vehicles not approved on first inspection must be reinspected by the Highway Patrol as soon as all defects are corrected.

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☐ Please make corrections noted below. Don't black out the error, OPI may need to read it to make the correction.

OPI County # and County Name <b>31 Mineral</b>		District Name <b>St Regis K-12 Schools</b>	
Vehicle I.D. # (VIN) - Entire Number <b>1BABMC7A7VF072826</b>	Model Year <b>1997</b>	License # <b>4128</b>	Rated Capacity ***** <b>78</b>
Chassis Make <b>Bluebird</b>	Body Make <b>Bluebird</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

**INSPECTION**

**TO BE FILLED OUT BY THE HIGHWAY PATROL**

This inspection is for: ☒ 1st semester ☐ 2nd semester

Approved

Approved

Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr	Page No.*	Items listed in the Standards for School Buses in Montana	Yes	No	NA **	Corr
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C18	Head lamps					C18	Interior lamps				
C10	Color					C18	Ceiling - interior				
C18	Turn signal lamps - front					C21	Seating				
C18	Turn signal lamps - side (post 1987)					C14	Floor				
C18	Red amber signals - front					C9	Aisle				
C18	Marker lamps - front					C22	Tools - storage				
C18	Windshield					C24	Windows				
C24	Windshield wipers					C13	Warning device				
C20	Exterior mirrors					C13	Buzzer emergency door				
C3	Battery					C12	Emergency door				
C4	Generator or alternator					C18	Red amber signals - rear				
C11	Service door					C18	Turn signal lamps - rear				
C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
C11	Defroster						<b>Required by forest regulation:</b>				
C6	Heaters						Shovel (securely fastened)				
C20	Wheelchair forward facing (post 1993)						Axe (securely fastened)				

\*Page number reference, Standards for School Buses in Montana (2002 Edition). \*\*\*\*Bus drivers are required to wear lap/shoulder belts - cutter attached nearby driver.

\*\*Does not apply. \*\*\*New buses ordered after 08/15/02. \*\*\*\*\*Based on original capacity listed on the manufacturers certification tag found inside the bus.

On first inspection, this bus is:

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official \_\_\_\_\_

On reinspection, this bus is:

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_



**Linda McCulloch, Superintendent**  
**Office of Public Instruction**  
**PO Box 202501**  
**Helena, MT 59620-2501**

**MONTANA HIGHWAY PATROL**  
**School Bus Inspection**  
**School Year 2006**

State ☐  
District ☐  
County ☐  
Patrol ☐  
Contractor ☐

This complete form is required in accordance with Section 20-10-101, MCA. All vehicles not approved on first inspection must be reinspected by the Highway Patrol as soon as all defects are corrected.

**Instructions to OPI from School District:**

- ☐ This bus has been sold, retired, or is no longer in service. Please delete it from OPI's records.  
☐ Please make corrections noted below. Don't black out the error, OPI may need to read it to make the correction.

OPI County # and County Name <b>31 Mineral</b>		District Name <b>St Regis K-12 Schools</b>	
Vehicle I.D. # (VIN) - Entire Number <b>1BABMCBA1SF064997</b>	Model Year <b>1995</b>	License # <b>61</b>	Rated Capacity ***** <b>78</b>
Chassis Make <b>Bluebird</b>	Body Make <b>Bluebird</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

**INSPECTION**

**TO BE FILLED OUT BY THE HIGHWAY PATROL**

This inspection is for: ☒ 1st semester ☐ 2nd semester  
Approved

Approved

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C18	Red amber signals - front					C9	Aisle				
C18	Marker lamps - front					C22	Tools - storage				
C18	Windshield					C24	Windows				
C24	Windshield wipers					C13	Warning device				
C20	Exterior mirrors					C13	Buzzer emergency door				
C3	Battery					C12	Emergency door				
C4	Generator or alternator					C18	Red amber signals - rear				
C11	Service door					C18	Turn signal lamps - rear				
C6	Head lamp indicator					C18	Stop lamps				
C6	Horn					C18	Marker lamps - rear				
C20	Interior mirror					C19	Strobe light - rear ***				
C6	Speedometer					C17	Identification - rear				
C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
C11	Defroster						<b>Required by forest regulation:</b>				
C6	Heaters						Shovel (securely fastened)				
C20	Wheelchair forward facing (post 1993)						Axe (securely fastened)				

\*Page number reference, Standards for School Buses in Montana (2002 Edition). \*\*\*\*Bus drivers are required to wear lap/shoulder belts - cutter attached nearby driver.

\*\*Does not apply. \*\*\*New buses ordered after 08/15/02. \*\*\*\*\*Based on original capacity listed on the manufacturers certification tag found inside the bus.

**On first inspection, this bus is:**

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

**On reinspection, this bus is:**

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**MONTANA HIGHWAY PATROL**  
**School Bus Inspection**  
**School Year 2006**

State ☐  
District ☐  
County ☐  
Patrol ☐  
Contractor ☐

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OPI County # and County Name <b>31 Mineral</b>		District Name <b>St Regis K-12 Schools</b>	
Vehicle I.D. # (VIN) - Entire Number <b>1HVBJAAN11A931294</b>	Model Year <b>2000</b>	License # <b>155</b>	Rated Capacity ***** <b>78</b>
Chassis Make <b>International</b>	Body Make <b>Other</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
Type of Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Other	Is Bus: <input checked="" type="checkbox"/> District Owned <input type="checkbox"/> Contractor Owned If contractor owned, contractor's name is:		

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**TO BE FILLED OUT BY THE HIGHWAY PATROL**

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C2	Brakes					C4	Exhaust system (no leaks)				
C21	Driver seat belt					C5	Fuel tank				
C7	Steering gear					C7	Tires (2/32" rear - 4/32" front min.)				
C13	Fire extinguisher (5 lbs)						Cleanliness				
C13	First aid kit					C22	Stop arm				
C13	Body fluids kit					C5	No trailer hitch				
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\*\*Does not apply. \*\*\*New buses ordered after 08/15/02. \*\*\*\*\*Based on original capacity listed on the manufacturers certification tag found inside the bus.

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- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

On reinspection, this bus is:

- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date



**Linda McCulloch, Superintendent**  
**Office of Public Instruction**  
**PO Box 202501**  
**Helena, MT 59620-2501**

**MONTANA HIGHWAY PATROL**  
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State ☐  
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Vehicle I.D. # (VIN) - Entire Number <b>4DRBRAANX3B949333</b>	Model Year <b>2002</b>	License # <b>178</b>	Rated Capacity ***** <b>47</b>
Chassis Make <b>International</b>	Body Make <b>Other</b>	Bus Type: (see ? for definition) <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Wheel Chair Lift Equipped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wheel Chair Lift Equipped? <input type="checkbox"/> Forward Facing <input type="checkbox"/> Aisle Facing <input checked="" type="checkbox"/> Not Applicable		
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Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Official

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- ☐ Approved  
☐ Not Approved

Inspecting Patrol Officer: \_\_\_\_\_

Badge No. \_\_\_\_\_ Date \_\_\_\_\_

Date